



INTERIM NOTIFICATION OF CHANGES IN OFFICIALS

DIVISION OF CREDIT UNIONS

PRINT OR TYPE  
THIS FORM DOES NOT REQUIRE AN ACCOMPANYING LETTER.  
LEAGUE MEMBERS SHOULD ALSO NOTIFY MCUL

RETURN COMPLETED FORM TO:  
DIVISION OF CREDIT UNIONS  
P.O. BOX 1607  
JEFFERSON CITY, MO 65102

NAME	ACCOUNT NUMBER	TELEPHONE NUMBER		ADDRESS		
		WORK	HOME	STREET		
				CITY	STATE	ZIP

HEREBY ACCEPT THE OFFICE(S) AS SHOWN BELOW OF THE

CREDIT UNION AND SOLEMNLY SWEAR THAT I (WE) WILL FAITHFULLY AND TRUTHFULLY  
PERFORM ALL THE DUTIES IMPOSED UPON ME (US) AS SUCH OFFICER(S).

SIGNATURE(S)	REPLACES	IN THE POSITION OF

THEN PERSONALLY APPEARED THE ABOVE NAMED OFFICIAL(S) AND TOOK THE FOREGOING OATH  
BEFORE ME.

NOTARY PUBLIC EMBOSSER SEAL	STATE	MISSOURI		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS			
	DAY OF		YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)				